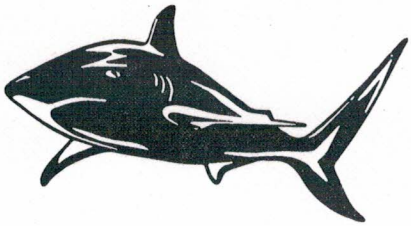
Aldora Divers

"Only the Best of Cozumel"



DIVING APPLICATION

Welcome to the "Aldora Experience" of quality diving. We will do everything possible to make each of your dives the most enjoyable and exciting ever. Please complete this form so that we may better serve you in the future.

Date _____ Hotel _____ Room _____

Last Name _____ First Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work (_____) _____ E-mail: _____

Emergency Contact _____

Certifying Agency _____ #_____ Level _____ Dives in last year _____

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STATEMENT OF SAFE DIVING PRACTICES, STATEMENT OF UNDERSTANDING

This is statement in which you are informed of the established safe diving practices for scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must be signed by a parent or guardian.

UNDERSTAND THAT AS A DIVER I SHOULD:

1.- Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.

2.- Be familiar with my dive sites. If not obtain a formal dive orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions.

3.- Use complete, well maintained, reliable equipment with which I am familiar, and inspect it for correct fit and function prior to each dive. I am aware that even if others have assisted with my dive equipment, it is my responsibility to check proper function prior to every dive. Always have a buoyancy control device, pressure gage and alternate air source, as well as emergency procedures for their use.

4.- Listen carefully to dive briefings and directions and respect the advice of those supervising my dive activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed 6 months.

5.- Adhere to the buddy system throughout every dive. Plan dives-including communication, procedures for reuniting in case of separation, emergency procedures with my buddy.

6.- Be proficient in decompression theory and the use of the dive tables and dive computers, having a means to monitor depth and time while underwater. Limit maximun depth to my level experience and training. Ascend at a rate less than 60 feet per minute. Make a safety stop at 15 feet on every dive, for at least 3 minutes Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device.

7.- Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish positive buoyancy when in distress.

8.- Breathe properly for diving. Never breath hold or skip-breath when diving. Avoid over exertion while in and underwater and dive within my limitations.

9.- Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purpose of these established practices. I recognize that they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participants Signature: Date:

Signature of Parent or Guardian: Date: Printed Name:

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully, fill in the blanks below, then sign and date below.

I_____hereby affirm that I am aware that scuba diving and other aquatic activities have inherent risks that may result in serious injury death.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. I further understand that the open water diving trips may be conducted in locations that are separated by time or distance from such a recompression chamber. I still choose to proceed with such dives in spite of the absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my dive guides, dive instructors nor, Aldora, S.A de C.V. nor any the respective employees, officers, agents, contractors, or assigns, (Hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me, my family, estate, heirs or assigns that may ocurr as a result of my participation in scuba diving, or as the result or negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participated in diving with Aldora, S.A. de C.V., I hereby assume all risks of diving whether foreseen or unforeseen, which may befall me. I further release and hold harmless said Released Parties from any claim or lawsuit by me, my family, estate, heirs, including claims arising during the diving or after.

I also understand that scuba diving is physically strenuous and that I will be exerting myself during the diving and if I am injured as a result of a heart attack, panic, hyperventilation, or drowning or any other cause, that I expressly assume the risks of said injuries and I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital, and I have signed the document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this agreement. The remainder of this Agreement will then be construed as though tue unenforceable provision had never been contained herein.

I_____BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE FIRST CLASS DIVE CORPORATION ALDORA, S.A. DE C.V. AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELATED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISKS AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MY SELF AND MY HEIRS.

_____DATE_____PARENT OR GUARDIAN_____DATE_____

MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by_____and
Instructor

_____located in the
Facility

city of_____, state/province of _____.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

_____ Could you be pregnant, or are you attempting to become pregnant?

_____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)

_____ Are you over 45 years of age and can answer YES to one or more of the following?
- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

_____ Asthma, or wheezing with breathing, or wheezing with exercise?

_____ Frequent or severe attacks of hayfever or allergy?

_____ Frequent colds, sinusitis or bronchitis?

_____ Any form of lung disease?

_____ Pneumothorax (collapsed lung)?

_____ Other chest disease or chest surgery?

_____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?

_____ Epilepsy, seizures, convulsions or take medications to prevent them?

_____ Recurring complicated migraine headaches or take medications to prevent them?

_____ Blackouts or fainting (full/partial loss of consciousness)?

_____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

_____ Dysentery or dehydration requiring medical intervention?

_____ Any dive accidents or decompression sickness?

_____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

_____ Head injury with loss of consciousness in the past five years?

_____ Recurrent back problems?

_____ Back or spinal surgery?

_____ Diabetes?

_____ Back, arm or leg problems following surgery, injury or fracture?

_____ High blood pressure or take medicine to control blood pressure?

_____ Heart disease?

_____ Heart attack?

_____ Angina, heart surgery or blood vessel surgery?

_____ Sinus surgery?

_____ Ear disease or surgery, hearing loss or problems with balance?

_____ Recurrent ear problems?

_____ Bleeding or other blood disorders?

_____ Hernia?

_____ Ulcers or ulcer surgery ?

_____ A colostomy or ileostomy?

_____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. ***I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.***

_____	_____	_____	_____
Signature	Date	Signature of Parent or Guardian	Date

STUDENT

Please print legibly.

Name_____ Birth Date _____ Age _____
First Initial Last Day/Month/Year

Mailing Address _____

City_____ State/Province/Region _____

Country _____ Zip/Postal Code _____

Home Phone ( )_____ Business Phone ( )_____

Email _____ FAX_____

Name and address of your family physician

Physician _____ Clinic/Hospital _____

Address_____

Date of last physical examination _____

Name of examiner_____ Clinic/Hospital_____

Address _____

Phone ( )_____ Email _____

Were you ever required to have a physical for diving? ☐ Yes ☐ No If so, when?_____

PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

☐ I find no medical conditions that I consider incompatible with diving.

☐ I am unable to recommend this individual for diving.

Remarks _____

_____

_____

_____ Date _____
Physician's Signature or Legal Representative of Medical Practitioner Day/Month/Year

Physician_____ Clinic/Hospital_____

Address_____

Phone ( )_____ Email _____